

FEDERAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) ELIGIBILITY DETERMINATION

Michigan Department of Human Services

Name of Agency	DHS Contract No: (if applicable)	Date of Service
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Service Requested (check all that apply)	
<input type="checkbox"/> Disaster Relief <input type="checkbox"/> Earned Income Tax Credit	<input type="checkbox"/> Direct Support Services <input type="checkbox"/> Other:

SECTION A – Sections A and B are to be completed by the applicant.

Applicant	Case No. (if applicable)
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Question 1: You must be pregnant or have at least one child living in your home, related by blood, marriage or adoption, who is under age 18 or 18 and attending high school full time.

☐ Yes with child # Adults _____ # Children _____
 ☐ Yes pregnant ▶ Go to question 2.

Question 2: My family is receiving the following assistance (check all that apply).

☐ Family Independence Program ☐ Medicaid ☐ WIC ▶ If you did not check any program, go to question 3.
☐ Food Assistance ☐ Child Care ▶ If you checked any program, go to Section B.

Question 3: Check your family size (from #1 above) on the chart below and check YES or NO to the question about your income. Income means the money you or other family members receive. Examples are: earnings before deductions, Social Security benefits, Supplemental Security Income, other disability benefits, unemployment benefits, pensions or other Retirement Benefits, Workers Compensation, Child Support, etc.

If Your Family Size Is	Is Your Monthly Income Less Than	Yes	No	If Your Family Size Is	Is Your Monthly Income Less Than	Yes	No
1	\$1,633	<input type="checkbox"/>	<input type="checkbox"/>	6	\$4,467	<input type="checkbox"/>	<input type="checkbox"/>
2	\$2,200	<input type="checkbox"/>	<input type="checkbox"/>	7	\$5,033	<input type="checkbox"/>	<input type="checkbox"/>
3	\$2,767	<input type="checkbox"/>	<input type="checkbox"/>	8	\$5,600	<input type="checkbox"/>	<input type="checkbox"/>
4	\$3,333	<input type="checkbox"/>	<input type="checkbox"/>	9	\$6,167	<input type="checkbox"/>	<input type="checkbox"/>
5	\$3,900	<input type="checkbox"/>	<input type="checkbox"/>	10	\$6,734	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B – To the best of my knowledge, the information given above is accurate and complete.

Signature of Applicant	Date:
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SECTION C – Determination of Eligibility – Completed by contractor or DHS worker.

Note: This family is eligible for TANF funding if yes is checked in Question 1 and any box is checked in Question 2 or a Yes box is checked in Question 3.

Is this family eligible for the TANF funded services?

☐ Yes ☐ No

DHS Worker or Contactor Signature	Date:
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AUTHORITY: Soc. Sec. Act, Title IV, Part A.
 COMPLETION: Voluntary
 PENALTY: No TANF Services

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.